

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026163

FILED VS AUG 9 1960

53 Primary Registration District No. 3009 Registrar's No. 312

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> COUNTY <i>Cape Girardeau</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Jackson</i>		Length of stay in 1b <i>2 yrs</i>	c. CITY OR TOWN <i>Fruitland</i>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Deaf Nursing Home</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>Main St</i>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>GEORGE</i> Middle <i>—</i> Last <i>MCNEELY</i>			4. DATE OF DEATH Month <i>July</i> Day <i>23</i> Year <i>1960</i>		
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5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>May 22, 1866</i>	9. AGE (last birthday) <i>94</i>	IF UNDER 1 YEAR Months <i>—</i> Days <i>—</i>	IF UNDER 24 HR Hours <i>—</i> Min. <i>—</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	11. BIRTHPLACE (City and state or country) <i>Shawneetown Mo U.S.A.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Newton McNeely</i>	13b. MOTHER'S MAIDEN NAME <i>Eliza Bement</i>	14. NAME OF HUSBAND OR WIFE <i>Adell Caldwell McNeely</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>Melvin McNeely Fruitland Mo</i>	Address <i>Fruitland Mo</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic heart disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 yrs.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <i>—</i> a.m. <i>—</i> p.m. <i>—</i>	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <i>Fruitland</i>	COUNTY <i>Mo</i>	STATE <i>Mo</i>
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21. I attended the deceased from <i>July 19, 1960</i> to <i>July 23, 1960</i> and last saw her/him alive on <i>July 22, 1960</i>	Death occurred at <i>1:10 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>J. N. Jaeger, MD</i>	(Degree or title)	22b. ADDRESS <i>Jackson Mo</i>	22c. DATE SIGNED <i>July 24, 1960</i>
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23a. BURIAL, CREMATION, REPOSAL (Specify)	23b. DATE <i>7-25-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Pleasant Hill</i>	23d. LOCATION (City, town, or county) (State) <i>Fruitland Mo</i>
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24. FUNERAL DIRECTOR <i>McNeely</i>	ADDRESS <i>Jackson Mo</i>	25. DATE RECD. BY LOCAL REG. <i>8-1-1960</i>	26. REGISTRAR'S SIGNATURE <i>Vern Rantow</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____; Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *A. C. Bennett*

Licensed Embalmer No. 4327

P. O. Address *Jackson, Tenn.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.